

# SAMPLE FOR CERTIFICATION OF NURSE ASSISTANTS OR HOME HEALTH AIDES

## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

ORI: A1226 Type of Application: Certification  
Code assigned by DOJ

Job Title or Type of License, Certification, or Permit: Certified Nurse Assistant (CNA) or Home Health Aide (HHA)

Agency Address Set Contributing Agency:  
Department of Health Services, L&C 03314  
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)  
Fingerprint Investigation Unit (leave blank)  
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)  
1615 Capitol Avenue, MS 3301, P.O. Box 997416 ( ) (leave blank)  
City State Zip Code Contact Telephone No.  
Sacramento CA 95899-7416

Name of Applicant: Your full name  
(Please print) Last First MI  
 AKA's: Other names known as California Drivers License Number  
Last First CDL No.:  
(Check one)  
 DOB: Date of birth SEX: ☐ Male ☐ Female Misc. No.: BIL - Not applicable  
Agency Billing Number (if applicable)  
 HT: Height WT: Weight Misc. No.: Your telephone number  
 Eye color: Color Hair color: Color Home Address: (Applies only if Youth Org/HRA or Public Utility Submission)  
 POB: Place of birth Your mailing address  
Street or PO Box  
 SOC: Social security number City, State and Zip Code

Your Number: If initial, put CNA and/or HHA application. If renewing, put CNA and/or HHA certificate number(s).  
OCA No. (Agency Identifying No.)  
 Level of Service ☒ DOJ ☐ FBI  
 If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for Department of Social Services, DMB/CHP licensing, and Department of Corporations submissions only)  
(Leave blank)  
Employer Name  
(Leave blank)  
Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)  
( )  
City State Zip Code Agency Telephone No. (Optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date \_\_\_\_\_  
Name of Operator  
 Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_